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Similar preparations have been lately offered in market at high prices under different fancy appellations, and claims made for the same as of equal efficiency with Quinine. As a great demand exists for a cheap anti-malarial remedy, we introduce this preparation at low figures; and, in order that the profession may judge practically of its merits, will forward a sample to any physician's address, or mail an ounce upon receipt of FIFTY CENTS.

(Gelatine-Coated Pills, 1, 2, 3 and 5 grs.)

Bi-Sulphate of Quinine.

The fact that Sulphate of Quinine is only soluble in over 700 parts of water is not generally known, or if known is not usually considered except in prescriptions, when this difficulty is overcome by the addition of Acid; and the further fact that **Bi-Sulphate of Quinine** is soluble in only 10 parts of water is as little appreciated.

McKesson & Robbins have paid much attention to the subject of putting Quinine into Pills, in a condition approaching that of a solution, and have at last succeeded in their **Bi-Sulphate of Quinine Pills**, and offer the same to physicians confident that they will stand any test for solubility and prompt action. Physicians will please always specify **Mc. K. & R. Bi-Sulph. Quinine Pills** and they will not be disappointed in results.

Our Bi-Sulph. Quinine Pills are of all sizes from 1-4 grain to 5 grains.

Phosphorus & Combinations.

We have now five sizes of Phosphorus Pills on our list and over twenty combinations.

CATHARTIC PILLS.

COMPOUND, IMPROVED, VEGETABLE.

Our Cathartics have been received with much favor both on account of their easy administration and certainty of effect.

We have over thirty varieties of Cathartic and Laxative Pills.

Solubility of Quinine Salts.

Quinine, Sulph. dissolves in 700 pts. water.

QUININE BI-SULPH., " 10 " "

Quinine, Muriate. " 24 " "

Quinine, Bromide, " 50 " "

Quinine, Hypophos., " 60 " "

Quinine, Valerianate, " 110 " "

Quinine, Tannate, " 500 " "

The above table demonstrates the greater solubility of the Bi-Sulphate, a very important point, especially when administered in the form of pills or powders; and, even when solutions are prescribed, the use of the definite salt is believed to be better than the addition of Acid to the Sulphate, as the Bi-Sulphate dissolves at once in water.

We have Gelatine-Coated Pills of the Bi-Sulphate, Sulphate, Bromide, Muriate and Valerianate of Quinine.

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Sulphide of Calcium Pills.

1-10, 1-4, 1-2 and 1 grain.

We introduced these pills about two years ago, since which time they have come into extensive use.

An eminent physician has prescribed 1-10 grain every hour, with great success, in cases of scrofula, glandular enlargements, &c.

We will be glad to furnish samples of these pills to any physician.

Pocket FORMULA BOOK, containing much valuable information, sent free.

THE BUFFALO MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.—JUNE, 1880.—No. 11.

ORIGINAL COMMUNICATIONS.

. TESTIMONY OF MEDICAL EXPERTS.*

BY HON. CHARLES BECKWITH,

Judge of the Superior Court of Buffalo, N. Y.

THERE is another question which has excited some interest recently, that is, the compensation to which medical and other scientific experts are entitled upon being required to testify in court. It is claimed by some that a physician or surgeon can not be required to testify to a matter that involves the employment of his professional knowledge or skill without recompense, or the promise of recompense, as for a professional service or opinion. Dr. Ordronaux, in his work on the Jurisprudence of Medicine, affirms this proposition. Curiously enough the question seems not to have been much before the courts, either in this country or in England. That would indicate that the right to such compensation had been generally conceded or allowed; or, on the other hand, that the right to it had not been thought of, nor asserted, nor such compensation allowed. I think the annals of the legal and medical professions, as well as experience, tend to show that the allowance of such a compensation had never

* Concluded from May Number.

in fact become a practice. If I am correct in the view I have taken as to the nature of expert testimony, and its quality and rank as evidence, and its use in legal investigations, no claim to extra compensation by the witness could be sustained on account of any superiority in species of the testimony he gives over other testimony in the case, or on account of its greater importance to the courts in the administration of justice. We must look, then, for the reasons that substantiate such a claim, to the office of the expert, his situation in society, or his relations to the duty or act of giving his opinions in evidence in courts, as required by law. This question has not occupied the attention of the courts very much in England, owing probably to the existence of a statute passed in the reign of Queen Elizabeth, requiring the payment to a witness, when subpœnaed, of his reasonable charges, according to his "countenance and calling." In this State the law prescribes an invariable fee for all witnesses, high or low, rich or poor, which is fifty cents for each day's attendance; and if the witness reside more than three miles from the place of trial, four cents a mile travel-fees going and returning—thus placing, in this respect, all citizens of the State upon a level of equality. The people of this State have adopted a policy which is plainly visible in the statutes which they, in their majesty, have prescribed. They have empowered every court of record, in the language of the statute, "to issue process of subpœna, requiring the attendance of any witness residing, or being in any part of the State, to testify in any matter or cause pending in such court." Again the statute provides, "Every court of record shall have power to punish by fine and imprisonment or either, all persons summoned as witnesses, for refusing or neglecting to obey such summons, or to attend, or be sworn or answer as such witnesses." There are numerous other provisions for compelling the attendance of witnesses, and for punishing those who intercept or restrain them in going to court, and also making it unlawful even to arrest them, when under subpœna, on civil process.

Thus it would appear that under the policy of this State all persons indiscriminately are bound, when summoned by lawful mandate, to appear and testify in the courts. In the case of the *People vs. Montgomery* (13 Abb. Rep. (N. S.) 207) tried in the County of Monroe, in 1870, where a contract was entered into by one party to the action with a medical expert for a compensation of \$500, the question arose as to whether the validity of the verdict was affected. It was held that it was not. The Court said: "The District Attorney, it is true, might have required the attendance of Dr. Hammond on subpoena; but that would not have sufficed to qualify him to testify as an expert, with clearness and certainty, upon the question involved." * * "He could not have been required, under process of subpoena, to examine the case and to have used his skill and knowledge to enable him to give an opinion upon any points of the case."

Under the authority of this decision it seems that if the law should be held to be, that a medical expert is bound to obey a subpoena, still, he has it in his individual power, if a party wants his opinion, to coerce compensation as for professional services, by refusing to examine the case before going to court, and by refusing to listen to and consider the testimony given on the trial. And it may be conceded that the court can not compel the witness to spend any time, or perform any examination or service in order to prepare himself to give testimony upon the facts, or to give an opinion. It is, however, contended in some quarters that a medical expert can not be compelled upon service of a subpoena, and tender of the ordinary witness' fee, to give his opinion or testimony, even in those cases, and upon those questions where no special preparation is necessary.

The question was up recently in the State of Indiana, in the case of *Buchman vs. The State*. Dr. Buchman appeared in court on the subpoena of the prisoner, and put on the stand as a witness. He testified that he was a physician and had practiced several years. A question was then propounded to him which he refused to answer, saying that the answer would depend upon

his professional knowledge of the subject, and he would not give it without being paid. The trial court held that he was bound to answer the question without extra compensation, and the witness persisting in his refusal to answer, the court committed him for contempt. The Doctor took an appeal from the order committing him for contempt and carried the question to the highest court of review in that State. The Supreme Court held that his commitment was error. The argument of the court was that physicians and surgeons, whose opinions are valuable to them as a source of income and livelihood can not be compelled to give their opinions in a court of justice upon professional questions without compensation as for professional services; that in testifying as an expert by giving his opinion, the physician is performing in reality a professional Service. The decision goes upon the ground that the professional knowledge and skill of a medical expert is his private property, and cannot be taken from him without compensation, and that giving his opinions on trials at law is the performance of a professional service.

It is the principle embodied in all the state constitutions that you shall not take a man's private property without compensation.

But how is it that a physician's property is taken from him when he gives his opinion as an expert in a court of justice?

Suppose his knowledge and skill, in a figurative sense, are his property and his capital stock in business, are they taken from him when he testifies? It seems to me one might as well say that a man parts with the grace and sentiment of charity by giving alms. What does he lose that is his own when he testifies? Does he not retain in possession the same knowledge and skill? If he does, then of what property has he been deprived? "By giving ye shall receive." It is the compensation of nature that every effort one puts forth, especially under the stimulus of important occasions, makes more clear and perfect his hold upon his mental treasures. And what ownership has the expert in those matters to which he testifies—those relations existing

between special cases and general states; those sequences of cause and effect in physical facts; those logical truths of the agreement or disagreement of special phenomena with the supposed and accredited order of nature?

The Supreme Court of Indiana, certainly a court entitled to great respect, uses the further argument that the more eminent a physician or surgeon, the more frequently will he be called upon to go into all parts of the State, to render his services, without other compensation than the ordinary witness fees. In exceptional cases a hardship of this kind might occur, but I fail to see its force as an argument that professional compensation can be claimed. Men in all ranks feel the hardship of those compulsory sacrifices they make in the public interests. Under the operation of our statutes, Vanderbilt could to-day be summoned away from his imperial railway enterprises, to attend an ordinary trial in Buffalo, and along with him the poor artisan or laborer whose family depend for sustenance on his daily earnings.

The same question of the right of the surgeon to refuse to give his professional opinion until paid therefor, arose also not long since, in the case *ex parte Dement*, reported in the 53d volume of the Alabama reports. It was a trial of an indictment for murder, and Dr. Dement having been put on the stand as a witness, refused to answer a question that called for his opinion respecting the wounds found on the body of the murdered man, on the ground that he had not been compensated. The judge imposed a fine for contempt. Afterwards the doctor brought a proceeding in court to vacate the order fixing the fine, claiming that it had been illegally imposed, and the matter was carried to the court of last resort for review. The case was instituted, it is said, in the interests of the medical fraternity of that State. That court, after careful consideration, came to a conclusion directly opposite to that of the Supreme Court of Indiana, and held that the fine was lawfully imposed.

Maning, J., delivering the opinion of the court, says: "The same principle which justifies the bringing of the mechanic from

his workshop, the merchant from his store-house, the broker from 'change, or the lawyer from his engagements, to testify in regard to some matter which he has learned in the exercise of his art or profession, authorizes the summoning of a physician or surgeon, or skilled apothecary, to testify of a like matter, when relevant to a cause pending for determination in a judicial tribunal. And if in a prosecution for murder it was proved that his supposed victim had, a short time before his death, drank something which he had received from the accused, and a chemist had analyzed the liquid, and testified what substances it contained, and a physician was summoned to prove what effect they would have when taken into the stomach of a living man, and what would be the symptoms of such effect, no court would be excusable in exonerating the physician from giving such evidence, solely on the ground that it would be a professional opinion for which he had not been paid, or received a promise of payment. In so testifying he would not be practicing the healing art; he would, like the merchant, or the lawyer, or the mechanic, before referred to, be deposing only to those things which he had learned in the course of his occupation or profession, or of the preparation for it, and the disclosure of which to the court would conduce to a correct understanding of the cause before it. His testimony would concern the administration of justice, and of him as of the other witnesses, it could be justly claimed by the public as a tax paid by him to that system of laws which protects his rights as well as others."

As is apparent, the decision of the Alabama court meets my approval rather than that of the Supreme court of Indiana. While I am of the opinion that the medical expert in court has not now, in law, a right to professional compensation, still there may exist an equitable claim here that deserves legislative remedy, perhaps a return to the wisdom of Elizabeth, grading the compensation of witnesses according to their "countenance and calling."

Certainly the practice of allowing parties to contract with experts upon the consideration of round sums of money to pre-

pare themselves and come into court to testify, to swear away the rights of their fellow-men, is a strange incongruity in that system which provides so many barriers against the influence upon the scales of justice of all forms of interest, prejudice, bias or passion. Since the trial of Dr. Schoeppe, in Pennsylvania, Mrs. Wharton in Maryland, and other equally notorious cases, one may well feel apprehensive about adding the thirst for gold to the ordinary and natural zeal of the professional witness. The inquiry suggests itself whether in important cases where the testimony of experts is necessary, the court should not have and exercise the power of appointing a commission of skilled persons to examine the facts and testify to the results and their opinion as *quasi* officers of the court, reserving always to the party affected adversely the right to require an exposure of the facts and the grounds of the opinions.

CLINICAL REPORTS.

INJURIES TO THE CRANIAL BONES.—TREPHINING.

REPORTS OF TWO CASES TREATED BY ELEVATING THE DEPRESSED BONE.

REPORTED BY S. G. DORR, M. D., POLICE SURGEON.

WHEN to trephine, and when not to trephine, in fractures of the skull has always been a poorly defined subject. From time to time surgeons have advanced a step in the direction of more frequent operations, and to-day the only debatable ground is where there is a fracture, with depression and with an external wound, but without insensibility, coma or delirium shall the surgeon interfere with some operative procedure or not?

It seems strange that after all the advancement in medical science, this question should yet remain without a positive and never-varying affirmative answer. I think this question should be, at this time, answered affirmatively by every physician, and the debatable ground to exist only where there is fracture with-

out external wound and without depression, unless the patient is quite young, and without insensibility, coma or delirium.

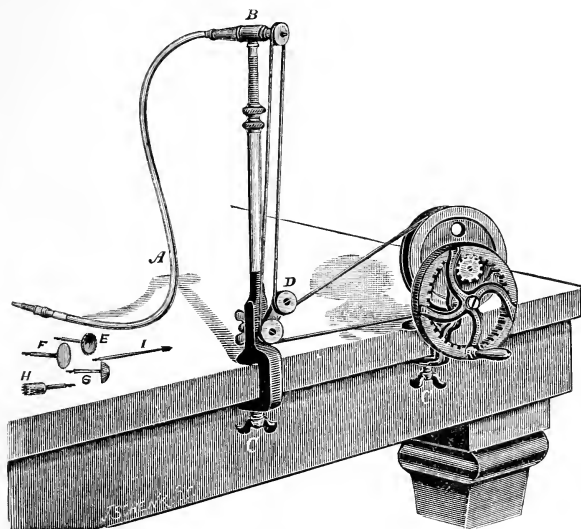
In looking over such records of cases, which have come to my knowledge, and by dividing them into three classes, I find some strange and startling results. The first class includes fractures of both tables, without any known depression; of this class the death rate was 64.6 per cent.; the second class, fractures of both tables, with known depression; of this class the death-rate was 35.8 per cent.; the third class of fractures, with depression of bone, with coma, delirium or insensibility, with formal trephining, and of this class 56, 6 per cent. died. It is not necessary to draw any extended deductions from these surprising results. All that I wish to occupy your valuable space in the JOURNAL is to deal, if possible, with some practical points which will benefit your readers and their patients. Of the third class I will not speak. They are not included in our proposition as first stated, that is, they do not occupy debatable ground. Of the second class there are fewer deaths than of either of the other two, and this is the class which justly occupies the present debatable ground. Some surgeons say, do not operate; others, it is best to trephine.

But all do agree upon one point, and that is if the broken parts are loose and easily to be gotten out, it is better to remove them. So that whether to trephine or not, in cases of the second, all depends upon the ability and ease of removal of the fractured parts. Hence, if by any means these fractured parts can always be removed with ease and without danger or difficulty, then always are those of the second class to be trephined and the question advanced, leaving those only of the first class to occupy the debatable ground. I will report two cases of the second class, the mode of operation and the results.

Late in the afternoon of April 17th, 1880, Geo. C., aged 21, presented himself at my office, with a depressed fracture, two and one-quarter inches long by three-eighths wide in the frontal bone extending from above the right eye directly upwards. This fracture had been produced by the bursting of a one-half

inch thick emery wheel, worn somewhat thinner on the edge while running at a high speed.

The flesh and hair were driven in and held fast by the fractured bones, which were not broken loose, from the internal table, but had split lower, forming a long tongue, which had sufficient strength to hold very fast every thing that had been



SURGICAL ENGINE.

A represents a flexible shaft which revolves in a flexible sheath. At the point *B* the shaft is held in a swivel-joint, which facilitates its lateral movements. *CC* are clamps for the fastening of the engine to the operating table. *D* are pulleys which can be reversed, so that the driving power can be placed on the opposite side. *E* is a saucer-shaped saw for cutting curves. *F* is a plain circular saw for cutting straight lines. *G* is the hurr spoken of in the cases reported. *H* is an ordinary trephine of small size. *I* is a simple drill. These are attached to the flexible shaft, and are managed with ease by the hand while running at a high speed.

driven into its grasp. Here was a depressed fracture with no symptoms of compression, and the fractured parts well attached to the internal table; with the ordinary trephine very difficult to remove, but with the surgical engine there would be no difficulty whatever, and I determined to remove them and accordingly called in Drs. Van Peyma and Pettit, to assist in the operation.

Chloroform was administered to but a slight extent, and with an assistant to turn the crank of the instrument (which is so constructed as to give motion to burrs, drills, saws, &c., by means of a flexible shaft), I began burring off the overlapping edges of the outer table. As soon as the outer opening was enlarged a little over one-eighth of an inch, all the way round, and pieces slightly cut with the burr at their points of attachment with the inner table, they came out with ease. The membranes were found to be but slightly injured by a small spicula of bone. The external scalp wound was pushed together, and held by compresses and bandages. The pulse was 80 and showed but slight variation during recovery. Cold water dressings were applied to the head, comp. scammony powders and bromide of potassium were ordered. The following day only the patient kept his bed. In thirty-six hours after the operation he dressed himself, and from that time was about the house, and in ten days went to his work in the mill again, the wound having united without discharging hardly sufficient to stain the dressings. He says he suffered no more pain than he has frequently with headache. Now, thirty days after the operation, I can not see but that he has completely recovered.

Second Case: The evening of April 18, 1880, I was telephoned by Captain Yox, of the Eighth Precinct, to examine a saloon-keeper, who had been struck on the head with a mallet several hours previously.

The patient, a Frenchman, aged about 30, had a scalp wound on the right-parietal prominence; with my finger in the wound I could feel the edge of the fracture, and also about three-eighths of an inch deeper down, or depressed, a flat plate of bone, which was more or less loose. The patient showed no symptoms of compression of the brain. With the assistance of Dr. Van Peyma, our patient was trephined while under the influence of chloroform. The opening in the skull was one and a half by one and a quarter inches, and oval. The piece which was depressed and detached throughout its entire circumference by the blow from the mallet was, as is usual in these fractures,

much larger than the opening in the external plate. The simple and easy way to get out such a piece is to make the opening larger. A rapidly revolving burr, driven by the surgical engine, was brought to bear against the overlapping edges of the outer table, which cut round and removed every obstruction to the elevation of the depressed oval plate. It was then picked out, showing below some small clots of blood, but no injury to the membranes. The scalp was pushed together, and the same treatment observed as in the first case. The next day the patient showed very much mental sluggishness. The third day he complained of hearing double, as if two persons were speaking, one repeating after the other; also weakness of the left arm and leg. From this time he made rapid and complete recovery, the pulse being most of the time 70, falling during the second day to 60. It will be observed by this mode of operating that only the outer table is cut away, and is therefore safe and simple. It makes the removal of broken bones a very easy operation. It likewise removes all arguments against the removal of depressed bone without waiting for coma, delirium or insensibility.

SPONTANEOUS DISCHARGE OF A LARGE VESICAL CALCULUS FROM A MALE.

REPORTED BY CHARLES G. STOCKTON, M. D., BUFFALO, N. Y.

Two years since a man entered the Buffalo General Hospital for the purpose of having removed a number of calculi which were confined within his urethra, between its membranous portion and the meatus.

The case was placed in charge of Dr. C. C. F. Gay, at whose suggestion this report is made.

The meatus having been enlarged by a slight incision made near the frænum, permitted the escape of eight or ten uric acid calculi, nearly uniform in size, and about four millimeters in length by two or three in width. No dressing was thought

necessary. Much of the history of this case seems very unusual, and is therefore given below.

An American, aged forty-five; when in his twenty-first year, experienced symptoms of vesical calculus, and consulted Dr. W., of Whitehall, N. Y., who examined the patient and informed him that he had a stone in the bladder, and that he could be relieved only by the use of the knife. No operation was made; but after six months of inconvenience the symptoms occasioned by the stone gradually subsided, and finally all disappeared.

Four years later, in 1859, the patient entered the army, serving on the plains of Nebraska, and was most of the time in the saddle. He also contracted syphilis, but enjoyed immunity from his old trouble five years more, when it re-appeared; and he again suffered the ordinary subjective signs of stone in the bladder.

In the year 1865 he returned to this State, and underwent the operation for lithotripsy, in Troy, which resulted in his great relief. In the year 1872 a tumor appeared in the hypogastrium immediately over the pubes, in the median line. It opened externally and discharged, with other matter, a *calculus fully three-fourths of an inch in diameter*; then healing, without any signs of urinary extravasation, left a deep ugly cicatrix. From this time until their removal by Dr. Gay, the patient was troubled with the urethral calculi; since which he pronounces himself well.

The most remarkable, and to me, wonderful part of the above history, is the spontaneous discharge of a large calculus from the bladder of a man; which procedure is surely a novelty in the annals of natural repair. One would feel some incredulity regarding his statement but for these facts. The cicatrix was of very unusual depth. It was removed from the tract of lymphatics, and could not have resulted from a suppurating gland.

The patient was very simple and direct in his statements, and impressed one as a man telling the truth.

He extracted the calculus from the opening with his fingers, and it was for some time preserved. Other facts that confirm

the story were obtained by Dr. W. L. Dickinson, one of the hospital internes.

How can we explain such a phenomenal process? May not the stone have been encysted in the anterior wall of the bladder as the first step; then acting as a foreign body, excited inflammation and suppuration till it finally effected its escape, without extravasation of urine? If this stone were not encysted the case might be an argument in favor of the operation for lithotomy. In looking up the literature of supra-pubic openings into the bladder I have found some very interesting statements and statistics pertaining to this operation given by Dr. Dulles, of Philadelphia, in the *American Journal of Medical Sciences*, for April, 1878.

TRANSLATIONS.

NERVOUS DYSPEPSIA.

FROM THE DUTCH BY P. W. VAN PEYMA, M. D.

UNDER this name W. O. Leube (*Archives fuer Klinische Medicin*, Dec. 1878), describes a pathological condition, which, although it gives rise to subjective symptoms similar to those observed in a number of other pathological conditions of the stomach, must yet be considered as a separate and distinct disease. The dyspeptic symptoms accompanying this disease are a feeling of fullness in the epigastrium, eructations, nausea, irregular appetite, tendency to cephalic congestion, weariness, sleepiness and headache. But in one particular there exists an important difference. In other diseases of the stomach, such as carcinoma ventriculi, gastric catarrh and gastric ulcer, accompanied by symptoms of dyspepsia, the digestion is disturbed and the food due to deficient peristaltic motion, remains in the stomach longer than usual. Leube finds this not to be the case in nervous dyspepsia. By means of a stomach pump and injec-

tions he satisfied himself that the stomach was empty within the normal time, seven hours after a meal. The water injected was returned clear and wanting in food.

In the differential diagnosis of nervous dyspepsia this fact obtains prominence. By this means we can exclude carcinoma ventriculi and chronic gastric catarrh. In the second place it is important with a view to diagnosis to note the negative result of a thoroughly applied dietetic regimen; this in the case of gastric catarrh being seldom without its effect. Certain cases of gastric ulcer, which run their course with few marked symptoms, unaccompanied with pain or vomiting and where the digestion is complete within the normal time, are most likely to give rise to a mistaken diagnosis.

In doubtful cases, both the uselessness of the thoroughly employed dietetic course, and the good results obtained from the employment of electricity over the region of the stomach during digestion, serve to render the existence of nervous dyspepsia probable. According to Leube, this disease is not rare and is generally observed in the higher classes within the first ten years after puberty. In accounting for the symptoms of nervous dyspepsia, Leube calls attention to what takes place physiologically after a somewhat hearty meal. The then occurring symptoms—the feeling of fullness in the epigastrium, the tendency to cephalic congestion, the disinclination to mental exertion, the weariness of the limbs, the sleepiness, can hardly be considered as the direct influence of the digestion upon the nervous system.

According to Leube, it is not so much the absorption of the products of chemical change, although this probably serves as a moderate stimulant to the nervous system, but later the purely mechanical irritation to which the gastric nerves are subject upon the introduction of food, and through which the whole nervous system is secondarily affected. In nervous dyspepsia the above nervous symptoms are observed in an increased degree, and this, because of the abnormal reaction of the gastric nerves to a normal stimulant, viz: the digestion of food. The cause

of this abnormal reaction must be sought for in the gastric nerves themselves, although we may be unable, as in the case of the other so-called neurosis, to point out the anatomical changes. Some cases are incurable, and these hardly admit of relief. In the treatment of this obstinate disease, remedies tending to invigorate the general nervous system are particularly to be noted. The most important is the cold water cure. The use of iron and quinia internally, and electricity, both the induced and the constant current, the latter both externally and internally. The latter method of application, Leube has of late discarded, as affording no particularly beneficial results. The food must be easy of digestion. Sea bathing and sojourning in a mountainous region are useful to complete the cure.—*Weekblad von het Nederlandsch. Tydschrift voor Geneeskunde.*

THE BROMIDE OF ETHYL AS A LOCAL ANÆSTHETIC.

BY M. TERRILLON, THE SOCIÉTÉ DE CHIRURGIE.

FROM THE FRENCH BY F. PETERSON, M. D.

I HAVE used this agent a dozen times for obtaining anæsthesia in the employment of the thermo-cautery. In all the cases I have seen, produced at the end of one or two minutes a blanching of the part, indicating anæsthesia of the skin. The pain was absolutely nothing. When it is necessary to prolong the anæsthesia, it may become sufficiently profound for opening abscesses situated one centimeter below the skin. The blanching of the skin is not an indispensable part of the anæsthesia, but so far this method has not deluded my hopes. I have, however, failed in one or two cases because certain atomizers gave much too fine a jet, and then the result was not obtained. I have had made an apparatus of a larger caliber which anæsthetizes the surface of the hand in one minute and some seconds. It is necessary that the beak of the atomizer be at a moderate distance from the hand, some eight or ten centimeters.—*La France Medicale.*

COTO BARK IN DIARRHEA OF PHTHISIS.

THE coto bark imported from Bolivia, is employed in Germany and England, in the treatment of the diarrhea of phthisis. Burney Yeo recommends the following mixture, which is very efficacious without being disagreeable to the taste.

R̄ Tinct. cotonis.

Tinct. cardamonie aa gtt lx.

Mix and add gradually

Mucilag. acacia, 12 grammes.

Syrupi simp. 8 “

Aquae 180 “

Two or three teaspoonfuls of this mixture, taken several times, suffices to arrest the severest forms of diarrhea. The bark may be given in the extract, which has the same properties.—*La France Medicale*.

SELECTIONS.

THE AUDIPHONE AND KINDRED INSTRUMENTS.

BY E. L. HOLMES, M. D., OF CHICAGO.

ANY improvements in the application of a well-known principle, which tends to mitigate human suffering, or ameliorate any infirmity, must be a subject of interest to every physician. Such improvement, if it be of advantage to but a small proportion of cases for which it seems theoretically applicable, claims careful consideration.

There have recently appeared in the daily journals of the East and West so many notices of public demonstrations, in which it is said the deaf are made to hear by means of the audiphone, that I have thought it might be of interest to members of this society to know definitely on what basis these reports rest.

It is generally known that some patients can hear a watch, held between the teeth, or in contact with some portions of the

head, better than when it is placed quite near the ear. It is not so well known that a few patients, who cannot hear loud conversation, can converse readily through the medium of a small piece of wood, twenty inches, more or less, in length, one end being held between the teeth of the patient, the other end between those of the person conversing with him. The vibrations of sound are conducted through the tissues of the head to the auditory nerve. The use of the audiphone is based on the principle involved in these experiments.

The instrument is a thin, but quite large plate of black vulcanized rubber, to which is added a handle. The whole may be said to resemble a square fan. By means of cords and a clamp near the handle, the upper edge of the thin portion may be brought downward, causing the whole plate to curve. The fan in this form is usually placed with the concave portion turned toward the person using it, the upper edge being gently pressed against the upper (eye) teeth.

The vibrations of the fan produced by sound, are conveyed through the teeth and bones to the ears. According to my own observation and that of those upon whose testimony I can rely, the number of the deaf who are thus practically benefited is exceedingly small. Occasionally a patient is aided in hearing to a remarkable degree. Published statements regarding the extraordinary results in the use of the audiphone should be received with great reserve. Some of these statements are gross exaggerations. Poor patients, especially, should be cautioned not to waste their means in purchasing the instrument before they have tried it, for it will certainly, in a majority of cases, disappoint them.

I have heard of patients whose hearing was improved by the use of a sheet of bristol board, a broad plate of wood, or of a Japanese fan, bent to a proper curve (tension,) and placed in contact with the teeth. It is doubtful whether the most approved form and material for this instrument has yet been discovered. Possibly a round fan with a delicate rim of steel, the whole so constructed, as to resemble in form, the natural mem-

brana tympani (concave) might be more beneficial and graceful than that now in use.

Possibly, also, a piece of hard rubber, or other substance, attached to the disc, (as the malleus is attached to the membrana tympani, might be a better medium for conveying the vibrations to the teeth. It may be that the efficacy of the audiphone (and dentaphone,) may be increased in some cases by closure of the external meatus, as in certain experiments with the tuning-fork.

Another instrument, the dentaphone, constructed on scientific principles, is composed of a vibrating disc enclosed in a case, resembling the mouth-piece of an ordinary telephone. Attached to the center of the disc is one-end of a cord, the other end of the cord is fastened to a small piece of wood. The vibration of the disc, communicated through the cord to the piece of wood held between the teeth, is conveyed to the auditory nerve.

It is stated on reliable medical authority that this contrivance compares most favorably with the audiphone.

It may not be out of place to make brief allusion to the means which have been devised to improve the sense of hearing. These are chiefly the ordinary trumpet and the artificial membrana tympani. The action of the trumpet is too well understood to require comment. I will only state that each patient must try for himself the various forms of the instrument, and select the one with which he hears best.

The artificial membrane is usually a simple disc of rubber or fish scale, to the center of which is attached a delicate style of metal or rubber. In place of this little instrument a small pellet of cotton, properly adjusted in the external meatus is often employed. These are used not only to improve hearing but also to protect ulcerations from the air, and assist in the curative process. It is remarkable to what an extent these simple means will, in exceptional cases, improve hearing.

I may state that all forms of auricles, vibrators, and invisible tubes, so often advertised in exaggerated terms as enabling the deaf to hear distinctly, are almost absolutely valueless.

The audiphone is an invention of Mr. R. S. Rhodes, of Chicago. The dentaphone is manufactured in Cincinnati.—*Chicago Medical Journal and Examiner.*

STRETCHING OF SCIATIC, DIGITAL, AND INFRAORBITAL NERVES.

FOR the following notes we are indebted to Mr. R. Purdie, M. B., C. M.

Case 1. *Stretching of the Sciatic Nerve.*—M. F——, a miner, was admitted in the month of August of last year. He had suffered for several months from sciatica. In consequence of want of rest and exhaustion, caused by the intense paroxysms of pain, the man had become emaciated and debilitated and quite unfit for his occupation.

Before nerve-stretching was used other methods were tried as well as tonic treatment; local means, such as acupuncture of the great sciatic along different parts of its course. The use of galvanism, and lastly the use of galvano-puncture of the sciatic nerve; but none of these remedies produced more than temporary relief.

On the 3d of September, the patient having been brought under the influence of chloroform, an incision one inch and three-quarters in length was made, from the margin of the gluteus maximus along the outer margin of the biceps; the fascia was opened, and the nerve was readily exposed and hooked over the finger. It was then forcibly stretched, while the foot was held somewhat fixed by an assistant. The stretching was continued until the nerve was loosened, and a sense of yielding obtained. The wound was then lightly dressed, and healed by the first intention.

Since leaving the hospital (now more than a year since) occasional slight twichings have been felt in damp weather, but nothing compared to the intense pain suffered before the operation.

Case 2. *Stretching of the Digital Nerves*.—The patient, D. H——, suffered from whitlow on the dorsal surface of terminal phalanx of the forefinger seven years ago; after the pus had been evacuated stiffness of the joint at the phalanx gradually set in, accompanied by a severe pain of a paroxysmal character, occurring most frequently at night, and lasting from about a quarter to one hour. This pain began at the tip of the finger and shot upwards as far as the proximal phalanx. All feasible remedies were tried with no satisfactory result. On the 30th June, the patient having been put under chloroform and an elastic band tied tightly round the finger, Mr. Spence, by longitudinal incisions, exposed the digital nerves. He then introduced a blunt hook under each nerve, and stretched these forcibly. The patient was able to walk home on the same day.

The wounds soon healed, and there has been complete freedom from pain since.

Case 3. *Stretching of the infra-orbital Nerve for Epileptiform Neuralgia*.—The patient, C. D——, was admitted into the infirmary on the 3rd of April last, suffering from severe neuralgic attacks on the left side of the nose, left cheek, and eyebrow, and shooting up over the forehead. His first attack was in December, 1876, continuing more or less for a month. After a period of four months he was again attacked. On that occasion some relief was obtained by the extraction of some of the teeth of the upper jaw. Ultimately the pain became almost incessant, being liable to be set up by the slightest touch or movement, as in swallowing, etc., or by draughts of cold air. The attacks were most severe about midnight, and were usually preceded by a cold shiver running down the spine.

On May 22nd, the patient being put under chloroform, Mr. Spence exposed the infra-orbital nerve by a transverse incision. He then introduced a blunt hook under the nerve, and fixing the upper lip with the left hand, stretched the nerve with considerable force.

On the fifth day after the operation a slight return of the pain took place, and, as the incision had not united, Mr. Spence again stretched the nerve.

The wounds healed kindly, and there has been no return of the pain since.—*London Lancet*.

TREATMENT OF LEUCOCYTHÆMIA.

BY ALFRED CARPENTER, M. D.

THE author pointed out that there was something wanting in the present plan of dealing with therapeutics, inasmuch as members of the medical profession are continually trying processes for the cure of diseases which have been shown to be useless, and that text-books continue to recommend medicines which have never done any good. He then gave the history in general terms of two cases of leucocythæmia which he had met with in private practice, and in which there were singular symptoms, one being associated with intense neuralgia, the other with recurring priapism. The neuralgia case was treated by means of iron, stimulants, and narcotics. In the opinion of the author, the remedies only increased the intensity of the pain. He always found that the internal as well as the cutaneous administration of narcotics left the patient more sensitive after the effect of the dose had disappeared, that they were useless in arresting the course of the disease. He entered a protest against the cutaneous administration of narcotics as only another form of intoxication, and he objected to medical men making themselves parties to so reprehensible a practice. He had found iron and stimulants unable to arrest the course of leucocythæmia, and he urged that their use was only a waste of time. The second case was treated by means of bromide of potassium, iron, quinine, and turpentine. The priapism had recurred at regular intervals for some time; it had not been controlled by any of the ordinary remedies used, but it seemed to be mastered by the use of galvanism. He deduced five points as worthy of record, and which

the author considered to be in a great measure proved by the results of this case (fortified as they were by his experience in the treatment of others). Point 1 was that bromide of potassium did not arrest the course of the disease, and had no effect upon the enlargement of the spleen in this disease. Point 2, that quinine did not have any beneficial effect in leucocythæmia, and it seemed by this result to separate the disease entirely from those affections of the spleen which are associated with malaria; that even in the large doses which were given for nineteen days, viz., twenty-grain doses three times daily—there was no reduction of temperature, and no decided alteration in the course which the disease took, the daily rise of temperature being the same as before quinine was administered. The 3rd point, that the hæmorrhagic tendency (which is one of the symptoms of the disease) was not in any way arrested by the use of perchloride of iron. Point 4 was shown in the inability of turpentine to stay its progress, and which seemed to show that iron and turpentine would be beneficial in those cases in which the blood had not altered from its natural state, but that both were useless in conditions such as arose in leucocythæmia. The 5th point was that aperients were worse than useless. The author concluded by pointing out the possible connexion between the disease and eczema. All the cases he had met with had been preceded by that disease, and he asked members of the Society to give a good trial to arsenic in any cases which might come to their notice, and to publish the result, but not to waste their energies in using bromides, quinine, salicin, iron, turpentine, stimulants, or narcotics.—*London Lancet*.

HEPATIC ANÆMIA.

THERE is an hepatic anæmia, that is, an anæmia produced by hepatic disorder. This form of anæmia is remarkably common, in fact the commonest form; and all cases of anæmia without any apparent cause are hepatic. The alkalies, especially potash, have a beneficial action on the liver, which action tends to restore

the blood to its normal character. The alkalies ought to take the place of iron in the treatment of anæmia. Potash has a much greater affinity for oxygen than soda out of the system, and probably it is the same inside the system. In using the alkalies we must not limit ourselves to symptoms localized in the digestive track, such as a furred tongue, loss of appetite, acid eructations, flatulence, heartburn, etc., for there are conditions where none of these symptoms are present, and yet where the alkalies are beneficial and curative. Perhaps the best known indication that is not local, consists in the abnormal urinary sediments, whose formation is prevented by alkalies. It is the same often with gouty pains, and with many cases of eczema and other skin eruptions. The morbid condition is caused by a disorder of the liver, which is not directly connected with digestion so much as with the blood. We may give the alkalies to improve the tone of the digestive system, increasing the appetite, aiding the liver to work, promoting the flow of bile, and clearing the blood and urine from lithates, or sediments and impurities. If the alkalies can effect this, then assuredly they are tonic. The pigment of the urine is derived from the biliary pigment; and the sediments, from the digestive tract, or, as Murchison more correctly limits it, from the liver. If the alkalies clear the urine from these pigments and deposits, it must be by virtue of a salutary action on the liver. Certainly the most important action of potash is on the liver, and especially on that function of disintegration on which excretion depends, and the elimination of bile, consequently the good effects are seen, not locally only, but universally. In what manner it acts on this organ may be questionable; perhaps the oxidation theory may be correct. In anæmia the best results are found from potash from the beginning to the end of the disease, and by it the author hopes to cure most of the cases he treats, unless due to tubercle, or secondary to some incurable lesion. The alkalies produce no depressing action; but when given continuously for long periods the patient or the patient's stomach sickens at them, the

same as it might do at any other monotony. Dr. Nicholson is in the habit of prescribing the bicarbonate of potash in twelve to twenty-grain doses, four times a day, continuously, for months, combining with it the spirit of chloroform, which enables it to be better borne. He has failed to trace any connection between pyrosis and the continuous administration of potash, and regards the idea as traditional and not supported by unbiased observation.—*New York Medical Journal*.

RUPTURE OF THE DUODENUM FROM A BLOW ON THE ABDOMEN.

Two days since I was called to see a man, and while walking to the house, received the following history: The patient aged about forty-five, in good health, went out about two hours after eating his breakfast, to catch a horse which was grazing in the yard. He approached the animal from behind, and when just in the act of placing his hand upon him received a severe kick in the abdomen. The horse was heavily shod, and dealt a quick strong blow with the left hind foot. The man made his way to the house, and in fifteen minutes thereafter I saw him.

He was rolling in most intense agony, and referred the pain to the umbilical region. The extremities were cold, the pulse small, and he presented that array of symptoms which belong to shock. After placing him in bed, having his extremities rubbed with hot flannels, and administering about an ounce of whisky containing fifteen drops of the tincture of opium, reaction came on. But the pain continued, and it was a notable observation that it was, if possible, intensified by the whisky and laudanum. An examination of the abdomen disclosed no evidences of injury. The skin was neither bruised nor broken, and the abdominal muscles were in hard contraction.

A short time afterward I administered a quarter of a grain of morphia hypodermically, and continued to exhibit the drug in this manner as frequently as seemed admissible. But the patient was never free from pain. Six hours after receiving the injury

he was persuaded to take a small quantity of beef soup, but the stomach promptly rejected it.

At the end of twelve hours the patient's strength began to fail, and nineteen hours from the time of injury death released him from the intense suffering. The bladder had twice emptied itself of healthy urine, and there was no perceptible swelling of the abdomen.

Five hours after death I made a post-mortem examination, with the following result: Upon opening the abdomen a considerable quantity of bloody serum presented itself. The peritoneum was markedly injected, and lymph was already deposited upon the small intestine. Within the mesentery and within the peritoneal cavity, and surrounding the duodenum, was found a dark semi-fluid mass, which proved to be the partially digested contents of the duodenum. A careful examination of the intestine in the midst of this mass disclosed a rent into which the finger could be easily introduced. The opening was about two inches below the pylorus. Particles of beefsteak were found in the effused mass, and the whole was colored with bile and had a fresh, acid odor. Drs. Cowan and Johnstone, of this place, were present at the autopsy.

The following conclusions seem to be justified: The blow was received about two hours after the ingestion of a hearty meal. Digestion had reached that period where the point of greatest tension was in the duodenum. The blow was given to the abdomen as a whole, and the abdominal viscera were driven against the vertebral column. The rupture occurred at the point where the tension was the greatest. The autopsy also explains the increase of pain by the administration of whisky and laudanum, as these articles evidently passed through the pylorus into the peritoneal cavity. The case also illustrates the rapidity with which, under certain circumstances, inflammatory action spreads over the perineum.—Lewis S. McMurtry, M. D., of Danville, Ky., in the *Louisville Medical News*, April 27th, 1880.—*Med. and Surg. Reporter*.

ACCIDENTS THAT HAVE BEEN OBSERVED TO FOLLOW THORACENTESIS BY ASPIRATION PRACTICED FOR THE REMOVAL OF PLEURITIC EFFUSION.

N. P. DUNDRIDGE, M. D., thus closes an article under the above caption: The statement that this operation, mentioned in the caption, is a trivial operation, entirely devoid of danger, is to be most strongly condemned, while the practice which would undertake its performance without due regard to the conditions and surroundings, which would render accessible the most efficient means for combating any unpleasant consequences which might arise, is certainly not justifiable. Syncope has developed half an hour or more after aspiration has been performed, so that the operation should only be undertaken when complete rest and repose can be secured after its performance; for the least exertion might determine an accident, otherwise avoidable, which may prove fatal. The doctor feels himself justified in formulating the following as the accidents which have followed thoracentesis for pleuritic effusions. Some of these may be considered as mere concomitants of the puncture. Others must be held to be more or less dependent upon the operation or the measures by which it was followed: Syncope, fatal or transient, due either to reflex action or to the paralyzing influence on the heart walls of the sudden removal of the pressure of the effusion. Convulsions dependent upon reflex action or due to minute emboli in the cerebral vessels. Pulmonary congestion and œdema, suddenly developed, either with or without the rapid accumulation of serous exudation into the bronchial tubes and producing asphyxia. Embolic obstruction of the pulmonary artery of the sound lung. Embolic processes in various organs and of various grades of severity, which have their origin in clots previously in the pulmonary veins of the compressed lung. These last, when they occur at the time of or soon after the operation, may have been excited by it. When they develop days afterward, they must be held as incidents of the original trouble, and in no way connected with the operative

measures taken. In this *resume* mention of a transformation of a serous into a purulent effusion is purposely omitted, because it was thought that the proof is insufficient to hold the operation responsible for the change from serum to pus. No case of serious accident from wounding the lung seems to be recorded. While the conclusions are not new, the doctor thinks that they will bear repetition, and that surgeons cannot be too careful in undertaking this operation.—*Detroit Lancet*.

COUGH PRODUCED BY ACCUMULATIONS IN THE EAR.

THE patient, a singularly robust young lady, consulted me in regard to a cough of some three years' standing. The cough was loud, incessant and peculiarly hollow. It was dry, unaffected by times of day, seasons, or weather. It deprived her often of rest at night, and rendered her a source of annoyance and anxiety to her friends. She had consulted various medical men, and had taken almost every conceivable patent medicine, including some powerful sedatives, without obtaining even slight relief. The heart and lungs proved, as I had expected, to be healthy. The functions of the uterine, gastro-intestinal, and renal systems were stated to be strictly normal. There were no symptoms indicative of the presence of entozoa. The condition of the throat was natural; there was no relaxation of the uvula. I had come to the conclusion that the cough must be of a hysterical nature, when it occurred to me to examine the ears. The left membrana tympani was plainly visible and healthy. The state of the right one was hidden by a dark mass. On touching this mass with a probe, through the speculum, the patient's peculiar cough was immediately produced, and by keeping up a very slight, steady pressure on it, a fit of coughing, not unlike a violent paroxysm in whooping cough, resulted. By the aid of a large ear-syringe and a weak, hot alkaline solution, a piece of hard wax, *fons et origo mali*, was with some difficulty produced. It weighed over three grains. I followed up the syringing by

the use of Politzer's apparatus. The cough ceased, and though some weeks have now elapsed, it shows no sign of returning.—A. E. Bridger, M. B., in the *Lancet*, March 6, 1880.

OXALATE OF CERIUM AS A COUGH REMEDY.

BEFORE the New York Therapeutical Society, Dr. Albert H. Smith reported cases illustrating the different degrees of success obtained in the use of oxalate of cerium in the treatment of cough. The conclusions reached were as follows:

1. Oxalate of cerium could be safely administered in doses of 10 grains three times a day for many days in succession.
 2. The only unpleasant symptoms when so used was slight dryness of the mouth, that appeared after several days.
 3. It was probably the most efficient when administered dry upon the tongue.
 4. Its effects were not produced until two or three days after its use was begun and lasted for two or three days after the remedy was discontinued.
 5. It was most efficacious in the treatment of chronic cough, and the initial dose should be 5 grains.
 6. In the majority of cases it had not proved an efficient cough medicine for any considerable length of time, but could be regarded a valuable agent to be employed in alternation with other remedies.
 7. It did not disturb the stomach; on the contrary, it relieved nausea and improved digestion.
 8. Different preparations upon the market were not of equal value, and when success was not obtained by one, another should be substituted.—*Medical Record*.
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SIGNS OF DEATH BY DROWNING.

MM. Bergeron and Montano (*Annal d' Hygiene*,) have arrived at the following conclusions on the subject of death by drowning: 1. The presence of frothy foam, not only in the pharynx

and the larynx, but also in the bronchi, is the constant sign of death by submersion, whether syncope or asphyxia predominated in the mode of death, and whether the individual was free in his movements or was thrown into the water after having been made insensible by opium or chloroform, or was partly suffocated, or was fettered in his action. This absolute constancy of the presence of foam, whatever the special condition in which the submersion occurred, is, in the opinion of the authors, the single sure uniform sign proving death by drowning 2. There is always a certain degree of congestion, and sometimes subpleural ecchymoses are seen; but these ecchymoses, which give the lungs a spotted or speckled look, are unlike the punctate ecchymoses of suffocation. 3. The intensity of the hyperæmia, and the extent of the ecchymoses, are always in proportion to the efforts of the animal while struggling against submersion. It is the same also with the human subject, as has been verified in all necropsies made by the authors at the morgue in Paris during the last ten years. This fact permits one at a necropsy to learn concerning what passed in the last moments of life, to know whether or not the individual struggled long and vigorously during the act of drowning.—*British Medical Journal*.

EXPECTANT TREATMENT IN CARIES OF THE ANKLE IN CHILDREN.

DR. GIBNEY, of the Hospital for the Ruptured and Crippled, New York, from an analysis of thirty cases of this disease, draws the following conclusions:

1. Many children annually undergo amputation of the foot for caries of the ankle, when by conservatism and a proper amount of respect for the *vis medicatrix naturæ*, the member could be saved, the child be spared the mortification of being thus hopelessly maimed, and surgery itself be ennobled.

2. Excision as a rule is not attended with as good results in children as authorities have led us to expect, and is *rarely ever justifiable*.

3. Partial excisions, the passage of tents through the joints, and other operative procedures offer no advantages over the expectant plan.

4. Nature herself, unaided by art, gets useful limbs, but as a rule, ankylosis varying in degree and deformity more or less marked.

5. The expectant plan of treatment, fully carried out, assures us of more results that are perfect, and more limbs that are useful without the aid of support, than does any other plan known to the profession.—*American Journal Obstetrics*, April, 1880.

VACCINIUM CRASSIFOLIUM AUT REPENS.

DR. E. A. ANDERSON, of Wilmington, in the *North Carolina Medical Journal* directs attention to this remedy as a diuretic in obstinate cases of dropsy from hepatic or cardiac disease in patients, broken down by intemperance and innutrition, or the result of poverty, vice and old age. It is a creeper growing in low, upland Savannahs, in moist, damp places, and in the margin of ditches, and closely resembles the uva-ursi of commerce. It is used in infusion or decoction. Its diuretic properties may be increased, and a very pleasant sub-acid beverage prepared by using cream of tartar, loaf sugar and lemon with ice. Dr. Anderson reports several cases in which he has observed marked effects from the use of this remedy, and also gives the endorsement of medical men who have obtained satisfactory results in cases of dropsical effusion. The vaccinium can be obtained by writing to John K. McIlhenny, druggist, Wilmington, N. C.

THE ENTIRE UTERUS TORN FROM A PUERPERAL WOMAN WITHOUT FATAL CONSEQUENCES.

DR. SCHWARTZ reports in Speigelberg's *Archiv of Gyneckologie* a case in which the midwife in attempting the removal of a retained placenta, had grasped the inverted fundus, dragged it

down, and tore the whole organ from the vagina. Escape of the intestines was prevented by a tampon saturated with salicylic acid. On the fourth day the woman was free from fever, and by the twenty-first had fully recovered. At the latter date exploration of the vagina showed its walls to be perfectly united at its upper extremity. The woman has since then continued in excellent health.—*Berliner Klinische Wochenschrift*, No. 3, 1880. *Cin. Lancet and Clinic*.

THE *Philadelphia Medical Times* gives the following:

Some time since, a young assistant, desiring to be very painstaking, brought as the result of one night's watching of a very serious case nearly a quire of closely-written foolscap, of which the following is a sample:

"1.15 A. M. The patient is seen to slowly rise from his bed and seat himself upon the chamber, where he remains with much straining and looks of anguish for some minutes. 1.30 A. M. He has returned to bed. 1.35 A. M. Examined the pot. Nothing in it."

To which a note might be well appended, "Examined the assistant's head. Nothing in it."

DECREASE IN BODILY WEIGHT AFTER EPILEPTIC ATTACKS.

P. KOWABEWSKI, Medicinskoje Obosrenje, October, 1879, (abstract in *St. Petersburg Med. Wochenschr*). By regular daily weighing of epileptics, during their attacks as well as in the intervals, the author comes to the following conclusions:

1. In all epileptics and in all kinds of epilepsy there is a decrease of body weight after each attack, corresponding to its duration and intensity.
2. In old cases in which the attacks were very frequent, and the organism has become accustomed to them, the decrease is very slight after each attack ($\frac{1}{2}$ pound Russian); in recent cases,

on the other hand, in which the attacks occur as yet but seldom there is a notable decrease (3-12 pound) after each attack.

3. When several attacks follow one another in quick succession, the greatest loss of weight follows the first one; that after the succeeding ones being very slight.

4. The greatest loss of weight in all forms of motor or somatic epilepsy is found after epileptic convulsions (grand mal) equaling some times 12 pounds after a single attack; it is very much less after epileptic vertigos. But the greatest loss of weight is met with in psychic epilepsy, in which case it may equal one-fourth of the whole body weight.

The recovery of body weight after the attacks follows very quickly, requiring only a few days.—*Journal of Nervous and Mental Diseases.*

THE TREATMENT OF POTT'S DISEASE BY THE PLASTER-OF-PARIS JACKET.

IN the *Boston Medical and Surgical Journal*, of May 13, Dr. Bradford, in an interesting communication, reaches the following conclusions:

1. Plaster jackets are efficient in Pott's disease, when caries is below the level of the middle of the scapula.

2. The efficiency is not due to fixation alone, nor to extension in the proper sense of the term, but to fixation in an improved position. This improved position is usually obtained by suspension, but also in many cases by recumbency.

3. The treatment by plaster jacket requires care in the application of the bandage. A poor plaster jacket will do harm, deceiving patient and physician.

IRON AND DIGITALIS.

It is often very desirable to give these remedies together. A mixture of the tincture of the muriate of iron, tincture of digitalis and dilute phosphoric acid is the best formula. The acid prevents the formation of the tannate, and is useful in case there is any stomachic disorder.

LIABILITY OF HOSPITALS IN MALPRACTICE SUITS.

THE Supreme Court of Rhode Island, according to the *Maryland Medical Journal*, December, 1879, has recently decided that hospital corporations should be considered liable for failure to exercise reasonable care in selecting skillful, competent men as internes. This decision grows out of a case where suit for malpractice was instituted against a Rhode Island Charity Hospital, by a patient whose fingers were cut off by a circular saw. Hemorrhage was excessive, and was only controlled by the use of the tourniquet, which instrument was kept on for seventeen hours. The result was the arm was amputated at the shoulder joint, the patient affirming that careless treatment upon the part of the interne, had induced the result. The court directed the jury to give a verdict for the defendant, on the ground that a charity institution should not be made liable for negligence or unskillful treatment. The case was taken to the Supreme Court, with the above decision.—*Medical News*.

RAPID CURE FOR A COLD.

R. RUDOLF reports, in the *Gazetta Medicina Italiana*, the following observation made on himself. Being seized with a severe coryza, he happened to chew one or two twigs of eucalyptus, at the same time swallowing the saliva secreted, which had a bitter and aromatic flavor. To his surprise he found that, in the course of half an hour, the nasal catarrh had disappeared. Some days later he was seized with another attack from a fresh exposure to cold, when the same treatment followed by an equally fortunate result. He then prescribed the remedy to several of his patients, all of whom were benefited in the same way. He believes that this treatment is only suitable in acute cases.—*British Medical Journal*, Jan, 24, 1880.

HARVARD MEDICAL SCHOOL.

THE prosperity of the Medical School continues and increases. In 1878-'79 the number of students increased ten per cent., and

the excess of receipts over expenditures was \$9,540.07, although each of the clinical instructors received an honorarium, which was a new charge upon the school. The number of students who possess literary or scientific degrees has doubled in ten years, and now amounts to 48 per cent. of the whole number.—*President Ellicott's Report.*

PER-VAGINAL ENUCLEATION OF THE UTERUS, WITH SPONTANEOUS
CLOSURE OF THE PERITONEAL OPENING WITHOUT SUTURE.

BY L. C. LANE, M. D.

ABOUT the 1st of February, I was consulted by a lady from Stockton, affected with an epithelial cancer, seated in the neck of the uterus. The history was the usual one of pain in the pelvic region, excessive menstrual flow, &c., for which she had consulted Dr. F. W. Todd, some time previously. Having become satisfied that the case was one of malignant disease, and one only to be met by surgical means, Dr. Todd advised and performed ablation of the affected portion of the cervix. Recovery was rapid, and for a time, it seemed probable that the disease had been cured. About the last of January, however, signs of recurrence manifested themselves, when through the advice of Dr. Todd, the lady was sent to this city. On examination, I concurred in the diagnosis of epithelioma, which it should have been stated, had been verified by a leading microscopist, and I advised enucleation of the entire organ.

This operation was done at Stockton early in February, by myself and Drs. Todd, Ruggles, Eddy, Phillips and Farnum, in the following manner: The woman being placed on her side, the posterior vaginal wall being retracted by Sim's speculum, and the uterus being prolapsed by traction with Pean's tenaculum forceps, an opening was made through the fold of Douglas, when the fundus uteri was caught with the extracting forceps, and made to so revolve about its transverse axis that the Fallopian tubes and ovaries were brought low down in the pelvic ex-

cavation in such a manner that the base of the tubes and accompanying arteries became accessible and easily ligated. Ligation was done with strong silken cord, so passed through button-holes in the broad ligaments that they could not afterwards slip off. This portion of the operation was completed in fifteen minutes, but the detachment of the organ from the bladder was long and tedious, but finally successfully done, without opening that viscus; yet so thin was the remaining vesical wall that the luster of the catheter which served as a guide, at times could be seen. The organ being removed, the pelvic excavation was rinsed out with a one per cent. solution of carbolic acid; a Nelaton flexible catheter was placed in the bladder; the pelvic excavation was filled with lint saturated with four per cent. carbolized linseed oil, and the abdomen covered with India rubber ice-bags. A drainage tube was so fixed alongside of the carbolized lint as to allow the escape of any fluids which should be passed out from the wounded surface. Under this mode of treatment, convalescence proceeded uninterruptedly towards recovery, which happy event was greatly favored by the assiduous and intelligent watching of the patient by Dr. Todd.

This, my second enucleation of the uterus per vaginam, differs from the first in this, that here the peritoneal cavity was freely opened, so much so that more than once during the operation the omentum protruded and had to be returned; and afterwards, no attempt was made to close the breach left in the peritoneum.

Though, as Don Quixotte says, "one swallow does not make a summer," yet I think it will be allowed that it is something of an approach towards it; and hence, from the results thus obtained, enucleation per vaginam may claim precedence equally with, or even over decollation, scooping out and supra-pubic ablation, for the treatment of uterine epithelioma. For decollation leaves a part of the affected internal mucous membrane behind, since the disease rapidly climbs up to the fundus on the inside. Scooping is like one blindfolded trying to catch an enemy whose eyes are open; and the traumatic assault upon the

organism in the abdominal section is much greater than that where removal is effected per vias naturales.

Besides the advantages just offered, a brief excursion into the domain of physics furnishes a few more in behalf of this mode of removal. Thus, when the dynamic energy of respiratory work is estimated, we find that two-thirds of it, to wit, the inspiratory effort, is favorable to drainage; and even during expiration the resistance of the intestinal gases hermetically closes the abdominal cavity. To the favorite method of scooping, to which Sims, the greatest of living gynecologists, has recently given such an impetus, the objection may be offered that the truncated vessels remain in the solid uterine tissue as so many doors wide ajar, through which the fugitive bacteria, monads, panum's poison, or what not, can find unchallenged ingress. But in the mode pursued in the above case, the wounded surface remaining is loose and relaxed, favorable to contraction of the blood vessels, and unfavorable to lymphatic circulation, as the experiments of Ludwig in regard to sanguineous and lymphatic circulation have demonstrated.

March 6th. Through Dr. Farnum, who has just visited Stockton, I learn that the patient has so far recovered that Dr. Todd, the attending physician, has discontinued his visits; also that after the lapse of the first week, the vaginal tampon and drainage tube were dispensed with.—*Pacific Med. and Surg. Journal*.

SPECIAL COMMUNICATIONS.

IS IT PROFESSIONAL?

MR. EDITOR: I desire to ask if the conduct of a physician of this city, as I relate it, is professional, that I may be able to judge rightly of such conduct, should I again find myself treated in a like manner. I was called by parents to see a sick child; for all I know I gave satisfaction; the child was better after a

day or two; my bill was paid, and the understanding was, if the child became worse, I was to be sent for. The same evening symptoms which I had spoken of to the parents, appeared, and I was hastily called, but was out of my office; the parents alarmed sent for another physician. For some reason, unknown to me, the last physician is retained; whether by the express wish of the parents only, or whether they were influenced in any way by the new comer, I know not. I met the father a few days after on the street, and he told me what I have related, casually adding that the principal remedy I had given was continued, while the conversation showed that some symptoms, which I had recognized, had been impressed upon him, as vastly more important than I had thought them, or expressed them to be.

In the code of ethics of the Massachusetts Medical Society, adopted Feb. 4, 1880, appear the following "principles and rules of action for their (members) guidance and convenience." Rule II says: "The kind of competition which might be considered honorable in business cannot exist among physicians without diminishing their usefulness and lowering the standard of the medical profession." Rule IV says: "in his relation with another practitioner and his patient, a physician should be governed by strict rules of honor and courtesy." Rule IV, § 1-2-3, says: "§ 1. A physician should take no steps with a view directly or indirectly to divert to himself the patient or practice of another physician.

"§ 2. If formally requested to take charge of a patient or family, usually attended by another physician, he should consent to do so only after notifying the latter—unless the case be one of pressing necessity.

"§ 3. If a physician is called during the temporary absence * * of another physician, * * he should direct the former be sent for as soon as he is able to take charge of the case."

I know we are not governed by the *rules* of the Massachusetts society, but are we not by the same *principles* of "strict honor and courtesy?"

I am a young man, and the loss of this patient to me is an important matter; the physician who succeeded me has been in practice many years, and, to him, I suppose the gain of my patient was a small matter; but, we accidentally met the next morning, as he was going into the house of *our* patient, and he passed me without notice. If the principles here given are not recognized among Buffalo physicians; if ordinary business competition is the rule; if selfishness, and all the underhanded methods of getting one another's patients, so well known to all, or, so easily learned, are the guiding principles among us, I want to know it early in my career, so that I may meet trickery by being forewarned, and be able to do what I can, as I grow to practice, and perhaps to influence, to instill a higher principle of "honor and courtesy" among us. But, if these are the rules, which I very much doubt, there are, as I have found out in my short experience in Buffalo, many who fail to keep them, for, in several somewhat similar cases, I have been treated with singular "honor and courtesy" by some of our oldest and most influential physicians. I write sincerely, for I am truly ignorant, when I ask the question "Is it professional?" Can you tell me, Mr. Editor?

A YOUNG PHYSICIAN.

SOCIETY REPORTS.

THIRTEENTH ANNUAL MEETING OF THE MEDICAL ASSOCIATION OF CENTRAL NEW YORK,

HELD IN ROCHESTER, N. Y., MAY 18, 1880.

DR. FREDERICK HYDE, of Cortland Co., President, in the chair. About one hundred delegates and permanent members were in attendance.

The meeting was called to order soon after 10 o'clock, A. M. The minutes of the last meeting were read and adopted.

The President announced the standing committees, viz:

On Credentials:—Drs. Alfred Mercer, of Onondaga; J. N. Arnold, of Wayne; *E. H. Howard, of Monroe.

On Business :—Drs. J. V. Kendall, of Onondaga ; H. F. Bennett, of Ontario ; James Chapman, of Orleans.

On Reception :—Drs. Darwin Colvin, of Wayne ; E. W. Armstrong, of Orleans ; C. S. Starr, of Monroe.

On Ethics :—Drs. E. M. Moore, of Monroe ; W. W. Potter, of Genesee ; G. W. Palmer, of Wyoming.

On Publication :—Dr. J. W. Palmer, of Ontario ; H. C. Tompkins, of Orleans ; The Secretary, *ex-officio*.

The Treasurer, Dr. Alfred Mercer, of Syracuse, made his annual report, which showed a balance of about \$140.00 in the treasury.

He moved that a prize of——dollars be offered from the funds of the Association for the best original paper on some medical subject.

Dr. Rider moved as an amendment, that a committee of three be appointed by the chair, to consider the matter of prize essays, and to report during the afternoon session. Resolution as amended, carried.

The President appointed as such committee, Drs. Alfred Mercer, M. W. Townsend and Darwin Colvin.

Dr. E. W. Armstrong then read a report of four fatal cases of diphtheria in one family.

Dr. Frank Kenyon followed with a paper on the treatment of diphtheria, giving special prominence to salicylic acid.

Dr. J. W. Palmer considered an elevation of temperature as favorable, rather than an unfavorable symptom in diphtheria.

Dr. James Chapman read a paper on the treatment of fracture of both bones of the leg. He advised the bent position of the knee, open splints, and frequent inspection. Extension should be made in most cases. Rigid bandages should not be used too early or too long, since there is danger of obstruction of the veins.

Dr. Gregory Doyle then exhibited appliances of his own devising, for the treatment of club-foot and similar deformities. A patient was shown with the apparatus applied.

Dr. Hovey read a report of a remarkable ovarian cyst, presenting also the pathological specimen.

Dr. J. Dunn read a paper on some of the physiological effects and therapeutic uses of henbane, opium and belladonna, separate and combined.

Dr. E. M. Moore exhibited several subjects of resection of the joints and other similar operations.

Adjourned for dinner.

AFTERNOON SESSION.

After listening to the annual address of the President, the Association proceeded to the election of officers with the following result :

President, Dr. J. V. Kendall, of Onondaga ; 1st Vice-President, Dr. C. M. Kingman, of Wayne ; 2d Vice-President, Dr. L. J. Ames, of Livingston ; Censor to Syracuse University, Dr. Darwin Colvin, of Wayne ; Treasurer, Dr. Alfred Mercer, of Onondaga ; Secretary, Dr. J. N. Arnold, of Wayne ; Delegate to the British Medical Association, Dr. A. Clifford Mercer.

Dr. Dimon, of Auburn, was requested to write an obituary notice of the late Dr. Gilmore, of Fleming, and Dr. J. W. Palmer was appointed to do the same in the case of the late Dr. Webster, of East Bloomfield.

The following named were elected permanent members :

Monroe County, Drs. J. O. Roe, Wm. Eves. Oswego County, Drs. G. W. Nelson, Ella M. Whitaker. Onondaga County, Drs. H. B. Allen, I. H. Searls. Cayuga County, Drs. B. K. Hoxie, Frank Putman. Wyoming County, Drs. G. M. Palmer, J. A. Post.

The following named were made eligible for permanent membership :

Livingston County, Drs. J. W. Gray, F. H. Moyer. Genesee County, Drs. W. W. Potter, J. V. Mullen. Wayne County, Dr W. Putnam.

Dr. Mercer, Chairman of Committee on Prize Essays, reported as follows :

Resolved; That the Association offer a prize of twenty-five dollars, for the best paper on "The needed legal reforms, regulating the study and practice of medicine." Also a prize of twenty-five dollars for the best paper on any medical subject. Subject to be chosen by the writer. For either prize the writer must be a member of one of the societies represented in this Association.

A committee of three shall be appointed by the President, to report, at the next annual meeting, on the papers presented for the prizes.

The report and resolution were adopted.

A paper was then read by Dr. J. O. Roe, on nasal stenosis and its treatment by the galvano-cautery.

At 5 o'clock, P. M., the Association adjourned to meet in Rochester, November 16, 1880.

CHARLES E. RIDER, Secretary.

EDITORIAL.

TWO POINTS IN THE HISTORY OF A CASE.

The failure of a physician to observe accurately the symptoms of a patient, so often leads to erroneous conclusions, as to be seldom deemed worthy of comment. An instance is referred to in the *Medical Record*, of May 15, which is so typical as to serve as a text for such a sermon as might be preached to many a well-meaning but misguided practitioner.

It appears that a Dr. Neftel, of New York, had conceived the notion of curing cataract by means of electricity; so he brought his batteries to bear upon the eyes of an old lady, whose crystalline lenses were partially opaque, but whose imaginative powers were of high order. The doctor, in reporting the case, says that "after each sitting the patient declared she could see more plainly. After one week, she declared herself able to read coarse print pretty well, and after two weeks she could read

quite small print. After twenty-five applications the treatment was discontinued. The patient declared that not only had she recovered her earlier seeing power, but also needed weaker spectacles than before." It so happened that the lady was well known to the editor of a certain religious weekly, published in the same city, and this, together with another "wonderful cure of cataract," was forthwith paraded before its confiding subscribers. In one issue of this journal, the small corner vouchsafed to "Science," was entirely monopolized by an account of the almost miraculous results obtained by this skillful electrician. But unfortunately for ophthalmology and for the growing reputation of this gentleman, a couple of our most eminent oculists have published a statement, tending to throw discredit upon this brilliant triumph of galvanism.

In the number of the *Medical Record*, already alluded to, there is a letter signed by Doctors Agnew and Webster, in which the case in question is carefully reviewed, and in regard to which they say: "It will be observed that Mrs. M. had incipient cataract when she first came to see me on the 24th of July, 1878; that she had incipient cataract on the 14th of April, 1880. In the interval between those dates she had received galvanic treatment from Dr. Nefel. The vision of Mrs. M. was $\frac{2}{20}$ before the alleged cure, $\frac{2}{20}$ after the alleged cure, and sufficient to enable her to read Jaeger, No. 1, at fourteen inches on the 15th of April, 1880. The case is simply one of those common ones of stationary, or slowly increasing opacity of the lenses, and we must calmly wait for new light, if we are to change our belief that galvanism will not remove opacities of the crystalline lenses." A reply followed in the next number of the *Record*, in which Dr. Nefel charged the error in diagnosis upon the gentlemen mentioned. But as ill luck would have it, still another oculist entered the lists to cast greater suspicion upon the success of the method.

It was almost unkind thus to dampen the ardor of an enthusiastic electrician by such pointed references to dates, and to the

details of exact measurement. But the moral is plain. If less reliance had been placed upon the statements of the patient and more upon careful investigation of the actual condition, the imaginary improvement would not have been credited. Moliere, by his drama of the *Malade imaginaire*, has treated many a Frenchman to a hearty laugh at the medical profession, and so must physicians expect to be ridiculed if they rely too implicitly upon the statements of their patients.

And while one phase of this case has in it a lesson to the physician, there is another which relates to our friends of the clerical profession. Just as the religious journal was quick to proclaim the wonderful cure, so are clergymen in general too ready to lend their credence and weight of authority to nostrums of every kind. There is hardly a patent medicine advertised, that cannot boast of testimonials from eminent divines. The degree of their "gullability" as to things medical, is simply astounding.

It is this hasty judgment from insufficient data—this morbid yearning for the miraculous, which makes skeptics in medicine as it has made skeptics in theology.

THE AMERICAN MEDICAL ASSOCIATION.—THIRTY-FIRST ANNUAL MEETING.

TO NEW YORK city belongs the honor, the present year, of entertaining the members of the medical profession, gathered together in National Council to discuss important questions relating to medical science. The fact that the Association meets in the Metropolis, which is the recognized medical, as it is the commercial and financial centre, of the country, will attract hither large numbers, and it is safe to predict an unusually profitable and interesting meeting.

In the various sections, a large number of valuable papers will be read by the most eminent men in the profession, the discussions eliciting an active interest from those, who are fortunate to be able to lend an attentive ear.

The suggestion made by the *Medical Record*, that papers should be read in abstract, will, if heeded, give a wider scope and greater opportunities for ambitious writers, while it will lend additional interest and value to the proceedings.

The social entertainments given under the direction of the New York profession, will be on a scale of generous magnificence, we have no doubt, and will show the cosmopolitan character and ability of the men who now adorn the medical profession of that city.

We hope to gather from its proceedings valuable material for future numbers of the JOURNAL.

UNITED STATES POSTAL LAWS AND OUR SUBSCRIBERS.

THE near approach of the close of the present volume of the JOURNAL leads us to direct attention to the law regulating the relations between publisher and subscriber. Delinquents will find in the perusal of this law profitable suggestions as to their duty, from which we hope to receive some evidence in the form of remittances. Many on our list having failed to notice the polite reminder in the form of a bill enclosed in a previous number, we take the liberty to repeat the hint, and therefore send with this JOURNAL our bills to all subscribers who are in arrears. We need not again assure our readers that while we strive to furnish a superior periodical, we hope their appreciation will be manifested in prompt payment of their subscription.

1. A postmaster is required to give notice *by letter* (returning a paper does not answer the law) when a subscriber does not take his paper out of the office, and state the reasons for its not being taken. Any neglect to do so makes the postmaster *responsible* to the publishers for payment.

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REVIEWS.

A Treatise on Foreign Bodies in Surgical Practice. By ALFRED PAULET, M. D., Adjutant Surgeon-major, Inspector of the School for Military Medicine, at Val-de-Grace. New York: William Wood & Co. 1880.

This work, one of Wood's Library of Standard Medical Authors, in two volumes, is quite a novelty, in so far as nothing analogous has ever been published. We have here a large and complete work, gathering together what formerly could only be found with difficulty in journals, monographs, or scattered through the larger surgical works. The author considers in this work only the foreign bodies of the natural passages, while he promises later to treat the two other groups, foreign bodies, which enter the economy by "effraction," or are fixed to the surface of the parts. The book will be of great value to every physician, the more so as foreign bodies are an accident, which every physician occasionally is called upon to treat. M.

Headaches; their nature, causes and treatment. By WILLIAM HENRY DAY, M. D., Member of the Royal College of Physicians, of London, Physician to the Samaritan Hospital for women and children. Third Edition with Illustrations. Philadelphia: Lindsay & Blakiston.

The wide prevalence of headache, under a great variety of forms and conditions, and the unsatisfactory results of medical treatment, will attract to this work the attention of the profession. The views advanced by the author are the result of notes and observations carefully recorded, and extending over a

period of many years. The author also strives to make the work practically useful, by adopting the division of headache into several varieties, showing the differential diagnosis in the anæmic forms and the hyperæmic, the characteristic features of sympathetic, of bilious, or dyspeptic, nervous, toxæmic, gouty, rheumatic headaches, &c., &c. A careful examination of the book gives a most favorable impression of its merits and of its practical utility, in the investigation of Cephalalgia. We recommend it to such of the profession, who, if not victims of the disease and the conditions of which it treats, are frequently called upon to relieve sufferings due to this cause. L.

The Principles and Practice of Gynæcology. By THOMAS ADDIS EMMETT, M. D., Surgeon to the Woman's Hospital, &c. With one hundred and thirty illustrations. Philadelphia: Henry C. Lea. 1879.

The author announces in the preface that this work is essentially a clinical digest, and includes the results of individual experience for twenty-five years in the treatment of diseases of women. In addition to opportunities offered in a very extensive private practice, Dr. Emmett summarizes in this work his experience in the Woman's Hospital, of which for many years he has been the recognized surgeon-in-chief. From such a wide field the accomplished author has enjoyed rare facilities, through which he has demonstrated the ability and skill which has placed his name among the most distinguished gynæcologists of the present day.

There is much to commend in every chapter, and in attempting a review, the writer especially desires to direct attention to the philosophical manner in which every subject is treated. Dr. Emmett deals in facts and bases his conclusions upon fundamental principles. He avoids useless theories, unfolds his reasons in clear and concise language, condenses in tabular form important data in regard to various conditions to which special study and observation have been given, and as the result fur-

nishes the most valuable and complete work ever offered to the profession in the special department in which he has labored.

The subjects treated in this volume comprise almost every condition met with in gynæological practice.

The chapters devoted to Uterine Displacements show clearly the author's ingenuity in dealing with a most difficult condition. His views on the etiology and treatment of flexures and versions, the objects, uses and adjusting of pessaries, the influence of menstruation in flexures, &c., are singularly clear and practical, while the surgical measures recommended are based upon sound and well-established principles.

Dr. Emmett lays stress upon laceration of the cervix uteri as a condition too frequently overlooked, except by the specialist. He justly states that "its importance cannot be over-estimated, since at least one-half of the ailments, among those who have borne children, are to be attributed to this cause."

The extensive experience of the author in vesico- and recto-vaginal fistulas gives special interest to the chapters which are devoted to this accident of the puerperal state. Probably no other surgeon operates with so much skill and with such surprising results. He embodies his views very fully in this work, devoting ample space to this condition, and shows his own plan of operating in a very clear and lucid manner.

These few selections from the many subjects treated in this valuable work will suffice to show how well Dr. Emmett has performed the duty of furnishing the profession, from his abundant storehouse of experience and knowledge, a guide to the study and treatment of diseases of women.

We are proud that American skill and ability is thus utilized in an honest effort to advance the interests of an important department of medical science.

L.

A Practical Treatise on Sea-sickness; its Symptoms, Nature and Treatment. By GEORGE M. BEARD, A. M., M. D. New York: E. B. Treat, 707 Broadway. 1880.

Dr. Beard presents a very excellent monograph upon a disease which has not been studied as much as, in these days of

foreign travel, its importance demands. He affirms that sea-sickness is a functional disease of the central nervous system, and the treatment proposed is based upon the etiology he endeavors to establish. The author has given so much study and thought to nervous diseases, that whatever issues from his pen is entitled to respectful consideration from the profession. L.

Sore Throat, its Nature. Varieties and Treatment ; including the connection between affections of the throat and other Diseases. By PROSPER JAMES, M. D., Lecturer on Materia Medica and Therapeutics at the London Hospital, etc. Fourth edition. Illustrated with hand-colored plates. Philadelphia : Lindsay & Blakiston, 1880.

This is the fourth edition of a well-known little work, a fact which shows the favor it has found with the profession. Some changes have been made, and four new chapters, about syphilitic sore throat, affections of the naso-pharynx, connection of sore throat with affections of the nose and the ear, affections of the œsophagus, have been added. The work is a handy book for reference, and is well worth reading. M.

BOOKS AND PAMPHLETS RECEIVED.

Handbook of Physical Diagnosis. By Dr. GUTTMANN, University of Berlin. Wm. Wood & Co.

Examination of Urine. By JAMES TYSON, M. D. 3d Edition. Presley Blakiston.

Handbook of Medical Chemistry. By WM. H. GREENE, M. D., University of Pennsylvania. H. C. Lee's Son & Co.

Report of Public Schools of Maryland.

Anniversary Address before the N. Y. State Medical Society. By H. D. DIDAMA, M. D.

The Fallacies of Popular Clinical Medicine. By JARVIS S. WRIGHT, M. D. Long Island College Hospital.

The Black Arts in Medicine. By JOHN D. JACKSON, M. M.

The Utricular Glands of the Uterus and the glandular organ of the new formation which is developed during Pregnancy in the Uterus of the Mammalia, including the Human Species. By Prof. GIOVANNI BATTISTA ERCOLANI, Permanent Secretary of the Academy of Sciences of Bologna, &c.; to which is appended his monograph upon the unity of the anatomical type of the Placenta in all the mammalia, and the physiological unity of the nutrition of the Fœtus in all the vertebrates. With a quarto atlas of fifteen plates, engraved by Bellini and reproduced by the Heleotype Process. Translated from the Italian under direction of Henry O. Marcy, A. M., M. D. Houghton, Osgood & Co., Boston. The Riverside Press, Cambridge. 1880.

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F. L. ROY SATTERLEE, M. D.,
Ph.D., Prof. of Chem., Mat. Med.,
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College of
Dentistry;
Prof. of
Chem. and
Hygiene in
the Am. Vet.
College, etc.

For original references on the clinical use of Dextro-Quinine during the year 1879, in Remittent, Intermittent and Typhoid Fevers, Pertussis, Cholera Infantum, Pneumonia, Periodic Neuralgia, etc., see communications entitled, "On the use of Dextro-Quinine,"—MEDICAL AND SURGICAL REPORTER, January 25. "Dextro-Quinine,"—MEDICAL AND SURGICAL REPORTER, April 5th. "A Case of Pneumonia, etc., treated by Dextro-Quinine, etc."—MEDICAL AND SURGICAL REPORTER, December 20th. "Dextro-Quinine as an Antiperiodic,"—Ohio Medical Recorder, March. "On Dextro-Quinine,"—New Remedies, March. "Dextro-Quinine as an Antiperiodic,"—N. Y. Eclectic Medical Journal, June. "Dextro-Quinine,"—Cincinnati Lancet and Clinic, August. "On the use of Dextro-Quinine,"—Louisville Medical News, April 5th and May 17th. "Dextro-Quinine as an Antiperiodic,"—Medical Brief, July. "Malarial Fever of the South,"—Southern Medical Record, August. "Dextro-Quinine in Pertussis,"—Southern Medical Record, November. "Dextro-Quinine,"—Medical Summary, (two articles), October. "Notes on Hospital and Private Practice,"—Pacific Medical Journal, October. "Dextro-Quinine,"—Western Lancet (San Francisco), December.

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FACTS FROM NEW YORK.

58	Hugh Daly.	30	Unknown, had p'oxysms regularly for 2 months.	0	6 grs. in solution every 3 hours. Caused some nausea.	120 gr	Gave <i>Dextro-Quinine</i> during a paroxysm. Reported one month after, cured.
59	Ann Brey.	55	Unknown, paroxysms regularly for 6 weeks	1	5 grs. in solution every 4 hours.	90 grs.	Had paroxysm on second day after treatment with <i>Dextro-Quinine</i> commenced but none after. Reported 3 weeks later as cured.
60	John Neeman.	13	Chills every second day for 2 weeks.	1, the day of tak'g.	5 grs. in solution every 4 hours.	40 grs.	Did not have a single paroxysm after the first day of treatment. One month later reported cured.
61	Rich. Buller.	30	3	0	5 grs. in solution every 3 hours.	60 grs.	Had slight headache and vertigo after the second dose. Two weeks after treatment was commenced considered himself cured.
62	C. Haggerty.	27	Paroxysms regularly for several mo's.	2 both slight.	6 grs. every 4 hours.	120 gr	Had headache and nausea while taking the <i>Dextro-Quinine</i> , but no chills after third day of treatment.
63	E. O'Connor.	28	7	2	5 grs. in solution 3 times a day.	80 grs.	Paroxysm did not recur after taking 20 grains.
64	E. Wiegler.	28	Paroxysms regularly for several mo's.	2, one day of tak'g.	5 grs. in solution 3 times a day.	120 gr	Had two paroxysms, one on the same day treatment was commenced. Had none after taking it.
65	Hen. Brill.	31	Both had Inter-mittent Fever for several months, contracted in Southern States.	2 light.	5 grs. in solution 3 times a day.	80 grs.	After taking grs. 80, considered themselves cured. During past three weeks had no return, but suffered from dyspeptic symptoms, which were relieved by Bismuth and Pepsin.
66	Mary Brill, wife of above.	26		one severe	5 grs. in solution 3 times a day.	80 grs.	
67	Susan McIntyre.	29	Suffering from paroxysms for one month.	1 in 2nd day.	5 grs. in solution every 3 hours.	60 grs.	Continuous headache while taking the <i>Dextro-Quinine</i> , but no chills after second day. One month after had slight chill not followed by fever.
68	Michael Fitzpatrick.	24	Paroxysms regularly for several mo's.	2	5 grs. in solution 3 times a day.	90 grs.	Convalescent after taking 80 grs. No return one month later.
92	Mrs. E. I. P.	24	4	0	4 grs. every four hours. Laid on the tongue and swallowed with water	36 grs.	I found the action of <i>Dextro-Quinine</i> to be the same as that of the Sulphate of Quinine except that it has not in my hands, caused any tinnitus aurium nor irritated the stomach. I gave it in 1 gr. doses to E. D. II. 3 times daily, for general debility with good results.
97	J. H. R.	64	1	0	April 7th-3 gr. doses.	35 grs.	This patient first took Congestive Chills in Westchester Co. N. Y., and been subject to them for five years.
98	Mrs. M. P.	37	2	0	May 23d-5 gr. doses.	30 grs.	Her chills caused by drinking surface Swamp water. She is naturally bilious. The <i>Dextro-Quinine</i> acted like a charm.
121	Mrs. L. Married	50	Unknown. Many	0	Pil. <i>Dextro-Quinine</i> , 4 grs. every three hours.	20 grs.	Fully equal to Sulph of Quinine with none of its disagreeable symptoms.
162	Mr. Ryder.	22	12 or 15.	0	Four grain doses four times each day in the form of Pills of 2 grs. each.	32 grs.	This was a tertian intermittent and was promptly cured. There has been no return of chills.

These cases were treated by me at the North Western Dispensary and in my private practice. The cases were typical and I considered them a good test for the anti-periodic properties of the drug, and I was not disappointed in the results. As an anti-periodic I believe it to be equal to the Sulphate of Quinine.

Yours Truly,

J. E. M. LORDLY, M. D.

211 W. 38th St., New York City.

J. H. Potter, M. D.,
Schroon Lake Village,
Essex Co., N. Y.

J. H. Potter, M. D.,
Schroon Lake Village,
Essex Co., N. Y.

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Schroon Lake Village,
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Send for clinical details of 1000 cases of intermittent fever treated with *Dextro-Quinine*, to

KEASBEY & MATTISON,

Manufacturers of Sulphate of Quinine and other Fine Chemicals,

Nos. 328, 330 and 332 North Front Street, Philadelphia.

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WHOLESALE DRUGGISTS

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Offer to the trade a full line of

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Among which may be found the Standard Pharmaceutical Preparations of

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Especial attention given to the selection of

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Our stock of

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DR. CARL SEILER'S MICROSCOPICAL PREPARATIONS.

These preparations are so well known that it is unnecessary to set forth their great superiority over all others in the market. They are furnished in sets, contained in neat cabinets, and are sold at the following prices:

Histological Set, containing 24 slides, - - - - \$15.00

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Tumor Set, containing 20 slides, - - - - \$15.00

Selections from these sets and miscellaneous slides \$7.50 per doz. single stained; \$10.00 per dozen double stained.

Microscopical Examinations of Urine and Pathological Specimens a Specialty. Report returned at once. Fee, from \$3.00 to 10.00, according to circumstances.

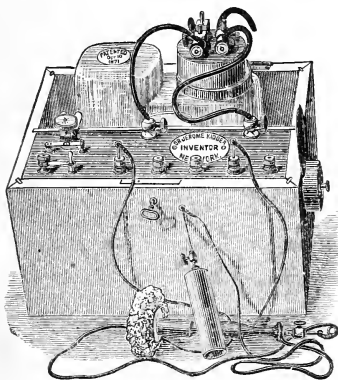
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1608 Pine Street, PHILADELPHIA.

Dr. Seiler begs the favor of the medical profession to send him all the larynxes obtainable from post-mortems, as he is engaged in the study of the normal and pathological histology of the Larynx Packed in sawdust, moistened with strong alcohol Specimens can be sent by Express.

Dr. Jerome Kidder's Electro Medical Apparatus,



A most perfect and convenient apparatus, the invention of Dr. Kidder. We also manufacture superior Galvanic Batteries, from 6 to 36 cells; also Pocket Induction Apparatus. Beware of Imitations. For the genuine, send for Illustrated Catalogue.

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For which he has received 21 Letters Patent for improvements, rendering them superior to all others, as verified by award of First Premium at Centennial; also, First Premium by American Institute from 1872 to 1879 inclusive, and in 1875, Gold Medal.

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GOLD MEDAL

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PROFESSIONAL OPINIONS OF MALTINE.

During the past year we have received nearly one thousand letters from the Medical Profession in this country and Great Britain, referring to the therapeutic value of MALTINE: their character is indicated by several extracts which we present below.

BALTIMORE, MD., Jan. 20th, 1879.

We have realized decided benefit in a large number of cases treated in the City Hospital and at the Dispensary connected with it, from your preparations of Maltine. Many persons will welcome them as most efficacious and palatable substitutes for Cod Liver Oil, and as covering a wider range of application.

S. WESLEY CHAMBERS, M. D., *Res. Phys., City Hospital.*

BALTIMORE, MD., Jan. 20th, 1879.

We take pleasure in saying in behalf of your preparations of Maltine, that they have fully come up to the measure of your representations. They have given us the greatest satisfaction. We have used them extensively to the great benefit of our patients.

DAVID STREETT, M. D., *Res. Phys., Maternite Hospital.*

LOUISVILLE, KY., July 11th, 1879.

I am using Maltine with Pepsin and Pancreatine in my family, and am exceedingly pleased with its results. Professor Flint, of your city, whom I highly esteem, has been consulted about the case and knows the solicitude I have had about it. The above preparation in Sherry, after meals, has been productive of great benefit. I am using it in the City Marine Hospital, the Kentucky Infirmary for Women and Children, and in my private practice, and am much pleased with the results obtained.

T. P. SATTERWHITE, M. D.

JACKSON, MICH., October, 1878.

In its superiority to the Extract of Malt prepared from Barley alone, I consider Maltine to be all that is claimed for it, and prize it as a very valuable addition to the list of tonic and nutritive agents.

C. H. LEWIS, M. D.

ST. CHARLES, MINN., March 23d, 1879

In conditions of Anæmia, in convalescence from severe and protracted disease, especially in chronic cases where there is great general debility, and in the enfeebled conditions of aged persons, I have learned to rely on Maltine, nor in any instance have I been disappointed of good results, therein forming a marked contrast, so far as my experience goes, to preparations of Malt, which I had used previously and had abandoned the use of them when my attention was called to Maltine.

C. R. J. KELLAM, M. D.

36 WEYMOUTH ST., PORTLAND PLACE, LONDON,
May 30th, 1879.

I am ordering your Maltine very largely.

LEONOX BROWN, F. R. C. S., *Sen. Surg., Centl. Throat and Ear Hosp. etc.*

75 LEVER ST., PICCADILLY, MANCHESTER,
January 16th, 1879.

I have used your Maltine pretty extensively since its introduction, and have found it exceedingly useful; particularly in cases where Cod Liver Oil has not agreed, have I found the Maltine with Beef and Iron most valuable

J. SHEPHERD FLETCHER, M. D., M. R. C. S.

EDDE CROSS HOUSE, ROSS, March 8th, 1879.

I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M. D., M. R. C. S.

CHEMICAL REPORTS ON MALTINE.

BY R. OGDEN DOREMUS, M. D., L.L.D.

PROFESSOR OF CHEMISTRY AND TOXICOLOGY, BELLEVUE HOSPITAL MEDICAL COLLEGE;
PROFESSOR OF CHEMISTRY AND PHYSICS, COLLEGE OF THE CITY OF NEW YORK.

NEW YORK, April 17th, 1879.

I have visited the works at Cresskill, on the Hudson, where MALTINE is prepared, and spent portions of two days in witnessing the chemical processes for making the same. I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the apparatus employed for accomplishing the desired result—from the first treatment of the grains, the concentration of the liquid product by evaporation *in vacuo*. The operation is effective in extracting the whole of the nutritive constituents of the grains of malted Barley, Wheat and Oats, with but a slight residue, and is the most complete method yet devised, with which I am acquainted, for accomplishing this object.

MALTINE is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain. From a chemical and medical standpoint, I cannot commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully, R. OGDEN DOREMUS.

BY PROF. JOHN ATTFIELD, F.C.S.

PROFESSOR OF PRACTICAL CHEMISTRY TO THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN;
AUTHOR OF A MANUAL OF GENERAL MEDICAL AND PHARMACEUTICAL CHEMISTRY.

LONDON, 17 BLOOMSBURY SQUARE, W. C.,
October 28th, 1878.

To Messrs. Reed & Carnrick:

GENTLEMEN—I have analyzed the extract of malted Wheat, malted Oats and malted Barley, which you term MALTINE. I have also prepared, myself, some extract from these three malted cereals, and have similarly analyzed it, and may state at once that it corresponds in every respect with the Maltine made by myself. As regards the various Malt Extracts in the market, I may remark that your MALTINE belongs to the non-alcoholic class, and is far richer, not only in the directly nutritious materials, but in the farina digesting Diastase. In comparison, your MALTINE is about ten times as valuable, as a flesh former; from five to ten times as valuable as a heat producer; and at least five times as valuable, as a starch digesting agent. It contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats or malted Barley.

Yours Faithfully,

JOHN ATTFIELD.

LIST OF MALTINE PREPARATIONS.

MALTINE—Plain.

MALTINE with Alteratives.

MALTINE with Beef and Iron.

MALTINE with Cod Liver Oil and Pancreatine.

MALTINE with Cod Liver Oil and Phosphates.

MALTINE with Hops.

MALTINE with Hypophosphites.

MALTINE with Pepsin and Pancreatine.

MALTINE with Phosphates.

MALTINE with Phos. Iron, Quinia and Strychnia.

MALTINE Ferrated.

MALTINE WINE.

MALTINE WINE with Pepsin and Pancreatine.

MALTO-YERBINE.

MALTINE is now in the hands of the Wholesale Trade throughout the United States.

We guarantee that MALTINE will keep perfectly in any climate, or any season of the year.

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REED & CARNRICK, NEW YORK.

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Philadelphia.

THE NEW ANÆSTHETIC—
ETHYL BROMIDE;
OR, HYDROBROMIC ETHER.

The attention of the Medical profession has been recently directed to the many advantages of Bromide of Ethyl as an Anæsthetic, over Chloroform and Ether. The exhaustive experiments of Dr. R. J. Levis and of Dr. Laurence Turnbull fully confirm all the favorable reports of former investigations. Dr. Levis has employed this agent more frequently, perhaps, than any other surgeon, and the results of his experiments prove conclusively its value.

In a large number of the administrations made by Dr. Levis in the Pennsylvania Hospital, the Jefferson College Hospital, and in general private surgical practice, he used the Ethyl manufactured in our laboratory, and has expressed great satisfaction in its exhibition, on account of the absence of unpleasant odor, freedom from the objectionable characteristics of other Bromides of Ethyl sold, and on account of the rapid ethylization of the patients; so much so, that he considers it deserving of decided preference. Appreciating the great value of this new Anæsthetic, and realizing that as soon as its advantages are fully known to the profession at large, it would supersede those now in use, we have increased our facilities for its manufacture, which will enable us to supply any demand however great. Much of the commercial Bromide of Ethyl possesses a disagreeable and nauseous odor,—our product is entirely free from this objection. The advantages of Ethyl as an Anæsthetic are fully set forth by Dr. Levis in his papers, published in the *Philadelphia Medical Times*, January 17th, and February 14th, 1880.

It will afford us pleasure to send Dr. Levis' paper on application, free, by mail.

JOHN WYETH & BRO.,

MANUFACTURING CHEMIST.

PHILADELPHIA.

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

SESSIONS OF 1880-1881.

THE COLLEGIATE YEAR in this Institution embraces the Regular Winter Session and a Spring Session. THE REGULAR SESSION will begin on Wednesday, September 15, 1880, and end about the middle of March, 1881. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. THE SPRING SESSION consists chiefly of recitations from Text Books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

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Prof. of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,

Prof. of Path. Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

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CHARLES A. DOREMUS, M. D., Ph.D.,

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Demonstrators of Anatomy.

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Lecturer on Animal Chemistry.

T. HERRING BURCHARD, M. D.,

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Lecturer on Normal Histology.

CHARLES S. BULL, M. D.

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THE FEES for the REGULAR SESSION are as follows:—Fees for the first and second year, each, \$140; Fees for all third-year Students and for all Graduates of other Colleges, \$100; Matriculation Fee, \$5; Dissection Fee (including material for dissection), \$10; Graduation Fee, \$30, or \$10 for each of the three yearly examinations. The following are the FEES for the SPRING SESSION:—Matriculation (Ticket valid for the following Winter), \$5; Recitations, Clinics and Lectures, \$35; Dissection (Ticket valid for the following Winter), \$10.

MATRICULATION EXAMINATION.—The matriculation examination will consist of English composition (one foolscap page of original composition upon any subject, in the handwriting of the candidate); Grammar, an examination upon the above-mentioned composition; Arithmetic, including vulgar and decimal fractions; Algebra, including simple equations; Geometry, first two books of Euclid. This examination will be waived for those who have received the degree of A. B., those who have passed the freshman examination for entrance into any incorporated literary college, those who present certificates of proficiency in the subjects of the matriculation examination from the principal or teachers of any reputable high school, and those who have passed a matriculation examination at any recognized medical college or at any scientific school or academy in which an examination is required for admission.

For the Annual Circular and Catalogue, giving full Regulations for Graduation and other information, address

Prof. AUSTIN FLINT, Jr., Secretary Bellevue Hospital Medical College.

University of Buffalo

MEDICAL DEPARTMENT.

SESSION OF 1880-81.

The Annual Course of Lectures in this Institution commences on

Wednesday, October, (6th), and continues twenty weeks.

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THOMAS F. ROCHESTER, M. D., Professor of the Principles and Practice of Medicine.
EDWARD M. MOORE, M. D., Professor of the Principles and Practice of Surgery.
WILLIAM H. MASON, M. D., Professor of Physiology and Microscopic Anatomy.
JULIUS F. MINER, M. D., Professor of Special and Clinical Surgery.
E. V. STODDARD, M. D., Professor of Materia Medica and Hygiene.
C. A. DOREMUS, Ph. D., M. D., Professor of Chemistry and Toxicology.
CHARLES CARY, M. D., Professor of Anatomy.

WM. C. PHELPS, M. D., Demonstrator of Anatomy

JAMES P. WHITE, M. D., President of the Faculty.
CHARLES CARY, M. D., Secretary of the Faculty.

Clinical advantages are offered, both in general and special Departments, which, for practical interest and value, are unsurpassed. The Buffalo General Hospital and the Buffalo Hospital of the Sisters of Charity, which receive patients from a city population of about 200,000 and from a widely extended surrounding region, are both accessible to the college classes.

The Medical Clinics, held at both hospitals, are under the charge of Professor Thomas F. Rochester, whom the students accompany in visits to the hospital wards, where opportunity is presented for the close personal observation and examination of disease, and by whom clinical instruction in diagnosis and treatment is given at the bedside and hospital amphitheatre.

The Clinics in Surgery are held at both hospitals and at the surgical lecture rooms of the College, under direction of Professor Julius F. Miner, where extensive opportunities for observation of surgical and venereal diseases, fractures and dislocations, are afforded, and in the anatomical theatres of which are performed all important operations in general surgery, ophthalmology and orthopaedy. Medical and Surgical Clinics are held every Wednesday and Saturday during the term.

The course in Physiology, by Professor William H. Mason, is illustrated by abundant vivisectional and demonstrative experiments.

The various departments of instruction are under the charge of energetic and able teachers, who are fully abreast with the times and who endeavor to present recent and enlightened views, and to impart thorough, practical information in the duties of the Profession.

The Museum of the College contains a large number of morbid specimens, casts and interesting preparations, which are made available in the several departments.

Ample facilities for the practical study of Anatomy are afforded in spacious and well lighted Dissecting Rooms, where abundant material may be had at low rates.

The Demonstrator will be in daily attendance and the Dissecting-rooms will be open during the first ten weeks of the Course.

The fee for the Tickets of all the Professors amounts to \$100. Matriculation fee: (annually) \$5.00. For those who have attended two courses elsewhere the fee is \$50.00. The alumni of this College are entitled to perpetual free admission. All who have attended two full courses at this institution, are entitled to all the tickets on Matriculating. Perpetual Ticket \$150.00, admitting the owner to as many courses as he wishes to attend.

No hospital fees are required; the Faculty assuming to pay for the admission of all members of the class, without extra charge to them.

Graduation fee \$25.00. Graduates of any respectable college, after three years' practice, will receive all the tickets on payment of the matriculation fee.

The fee for the ticket of the demonstrator of anatomy is \$5.00, which is optional except for one term before graduation.

Board can be obtained in respectable families at from \$4.00 to \$6.00 per week.

For further information or circular, address

CHARLES CARY, M. D.,

BUFFALO, March, 1880.

210 DELAWARE ST.,

Secretary of the Faculty